# TEAM ROSTER

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| **TEAM NAME** | |
| **YEAR/SEASON** | July 5 - 7, 2024 |
| **ORGANIZATION** | The PINK Charity Softball Tournament |

| COACH'S NAME | PHONE NUMBER | EMAIL ADDRESS |
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| # | PLAYER'S NAME | BIRTH DATE | PHONE NUMBER | EMAIL ADDRESS |
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| ADDITIONAL STAFF NAMES | PHONE NUMBER | EMAIL ADDRESS |
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| AUTOMATED PLAYER COUNT | NOTES: |
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